

Image# 202306129582141679

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SCOTT, TIMOTHY E., , ,		
(b) Address (number and street) <input checked="" type="checkbox"/> Check if address changed 7620 RIVERS AVE STE 370, #312		2. Candidate's FEC Identification Number P40012155
(c) City, State, and ZIP Code NORTH CHARLESTON SC 29406		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Presidential	6. State & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) TIM SCOTT FOR AMERICA		
(b) Address (number and street) 7620 RIVERS AVE STE 370, #312		
(c) City, State, and ZIP Code NORTH CHARLESTON SC 29406		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) TIM SCOTT VICTORY FUND		
(b) Address (number and street) 7620 RIVERS AVE STE 370, #312		
(c) City, State, and ZIP Code NORTH CHARLESTON SC 29406		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate SCOTT, TIMOTHY E., , , <i>[Electronically Filed]</i>	Date 06/12/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GREAT OPPORTUNITY PARTY

(b) Address (number and street)

7620 RIVERS AVE
STE 370, #312

(c) City, State, and ZIP Code

NORTH CHARLESTON SC 29406

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

NOVEMBER VICTORY FUND

(b) Address (number and street)

7620 RIVERS AVE
STE 370, #312

(c) City, State, and ZIP Code

NORTH CHARLESTON SC 29406

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code